

# IOWA ACCOUNTANCY EXAMINING BOARD

200 E. Grand Avenue, Suite 350

Des Moines, Iowa 50309

Phone: (515) 725-9022

<https://plb.iowa.gov/board/accountants>

[accountancyboard@iowa.gov](mailto:accountancyboard@iowa.gov)

## CHANGE OF STATUS FORM

Name \_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Street City State Zip

Certificate Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer Name: \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip

## HIGHEST LEVEL OF SERVICE TO BE PERFORMED

- ☐ Attest \*
- ☐ Review services \*
- ☐ Compilation reports \*
- ☐ Agreed upon procedures \*
- ☐ Tax / Consulting / Other

\* Peer review required. Please submit certification of completion of peer review-even if submitted in previous year(s)-and complete the following:

*\* This information is required; incomplete applications will be returned.*

**IAC—5.4(3)** A licensee **who performs compilation services for the public other than through a certified public accounting or licensed public accounting firm** shall submit a certification of completion of a peer review conducted in accordance with 193A-Chapter 11; no less often than once every three years.

I hereby affirm that I have complied with Iowa Code section 542D.6(6) and IAC 193A – subrule 5.4(3), inasmuch as a peer review was completed on \_\_\_\_\_ by \_\_\_\_\_.  
(Date) (Name of Peer Reviewer)

My next peer review is scheduled for or due \_\_\_\_\_.  
(Date)

	DESCRIPTION
1	College courses (1 semester hour=15 hours CPE, 1 quarter hour=10 hours CPE)
2	Individual self study (50% limit of CPE)
3	Teaching/discussion leader/speaker (2 hours prep/1 hour teaching – 50% limit of CPE)
4	Books and/or articles published (25% limit of CPE or 30 hours maximum)
5	All other
6	SSARS-8 hrs required every 3 years for compilation services
7	Ethics – 4 hrs required every 3 years
	<b><i>**This information is required - incomplete grids will be returned**</i></b>

Year 20____	Technical	Non-Technical 50% Limit	Total
1- COLLEGE COURSES			
2 - SELF STUDY 50% LIMIT			
3-DISCUSSION LEADER 50% LIMIT			
4 -BOOKS/ARTICLES 25% LIMIT			
5 - OTHER			
6 – SARRS 8 Hrs.			
7 – ETHICS 4 Hrs.			
TOTAL			
Year 20____	Technical	Non-Technical 50% Limit	Total
1- COLLEGE COURSES			
2 - SELF STUDY 50% LIMIT			
3-DISCUSSION LEADER 50% LIMIT			
4 -BOOKS/ARTICLES 25% LIMIT			
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5 - OTHER			
6 – SARRS 8 Hrs.			
7 – ETHICS 4 Hrs.			
TOTAL			

## CONTINUING EDUCATION ATTENDANCE RECORD

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN A RETURNED APPLICATION.

Number your support documentation and attach chronologically in the order listed below. Please report in detail below all hours earned in the three-year period immediately preceding the date of this application. **Please attach all numbered supporting documentation** (class list, certificate of completion, class syllabus, proof of attendance, etc).

Item Number	Date	Sponsoring Org. Name and Location (City, State)	Course Title	Code	Hours of Credit

I certify that all statements made herein are true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**NON-RESIDENT LICENSEES MAY EITHER COMPLETE THE TABLES ABOVE OR SIGN THE FOLLOWING AFFIDAVIT:**

**Please include a letter of good standing from your original state of licensure.**

A person licensed to practice a profession in this state shall be deemed to have complied with the continuing education requirement of this state during the periods that the person is a resident of another state or district which has a mandatory continuing education requirement for the profession and meets all requirements of that state or district for practice therein. I, (print name) \_\_\_\_\_, hereby certify that I hold a current license to practice public accountancy in my state of residence, which is \_\_\_\_\_. My residence state has a mandatory continuing education requirement and I maintain the required number of hours to sustain a license in the above mentioned state.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

## PAYMENT INFORMATION

### PAYMENT INFORMATION

*(This page will be destroyed after processing.)*

\_\_\_ Check made payable to: State of Iowa

Payment Amount: \$50.00

\_\_\_ VISA , MASTERCARD or DISCOVER (Circle One)

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Expiration (Month/Year) \_\_\_\_/\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext \_\_\_\_

### REQUIRED FOR PROCESSING

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_

\*Email address: \_\_\_\_\_

(E-mail addresses are no longer public information as of July 1, 2013.)

*\*Required – will be used to send future courtesy renewal notices\**

**Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 261.126(1), 252D.8(1), and 272J.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed bylaw including Iowa Code § 421.18. The Social Security Number will also be shared on a confidential basis with the National Association of State Boards of Accountancy, pursuant to Iowa Code § 542.4(7), solely for use in a national database of licensees.**

Updated 9-25-2013